DEPARTMENT OF HEALTH AND HUMAN SERVICES	
CENTERS FOR MEDICARE & MEDICAID SERVICES	

STATEMEN	IT OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI		(X2) MULTIPLE CONSTRUCTION		ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	DING	00	COMPL	ETED		
		155697	B. WIN			07/07/2	011		
			D. WIIN		ADDRESS, CITY, STATE, ZIP CODE				
NAME OF P	PROVIDER OR SUPPLIER			l	LITTLE LEAGUE BLVD				
CLARK F	REHABILITATION A	ND SKILLED NURSING CENTER		1	SVILLE, IN47129				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)		
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	E	COMPLETION		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE		
F0000									
	This visit was for a Post Survey Revisit		F0	000					
	(PSR) to the Inve	estigation of Complaints							
	` ′	IN00090287 completed							
	on May 13, 2011	-							
	011 Way 13, 2011								
	This is in	intime total							
		conjunction with the							
	PSR to the Recer	tification and State							
	Licensure Survey	y completed on April 29,							
	2011.								
	This visit was in	conjunction with a PSR							
	to the Investigation								
		•							
	IN00090903 com	npleted on June 7, 2011.							
		conjunction with the							
	Investigation of (Complaint IN00092920							
	completed on Jul	y 7, 2011.							
	Complaint IN000	090093 - Not corrected.							
	Complaint INO00	090287 - Not corrected.							
	Complaint invoc	790287 - Not corrected.							
	Survey date: July	y 5, 6, 7, 2011							
	Facility number:	000059							
	Provider number	: 155697							
	AIM number: 10	00266560							
	Survey team:								
	-	I TC							
	Donna Groan RN								
		N [July 6, 7, 2011]							
	Gloria Reisert M	SW							

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

DHM212 Facility ID:

000059

If continuation sheet

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/29/2011 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL PREFIX (EACH CORRECTION SHOULD BE COMPLET) (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET)	
NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDERS PLAN OF CORRECTION (X5)	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	
PROVIDER'S PLAN OF CORRECTION	
	I .
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE	
Dorothy Navetta RN	
Dorothy Navetta RN Census bed type: SNF: 9 SNF/NF: 59 Total: 68 Census payor type: Medicare: 12 Medicaid: 49 Other: 7 Total: 68 Sample: 6 These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2. Quality review completed 7/12/11 Cathy Emswiller RN	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

DHM212 Facility ID:

ility ID: 000059

If continuation sheet

Page 2 of 19

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE			SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 00			COMPL	ETED
		155697				07/07/2	011
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER						
		ND SKILLED NURSING CENTER			ITTLE LEAGUE BLVD SVILLE, IN47129		
CLARK R	KEHABILITATION A	ND SKILLED NURSING CENTER		CLARK	SVILLE, IN47 129		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF CORRECTION			(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL	PREFIX		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION OF THE APPROPRIATION	ΓE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	ļ	TAG	DEFICIENCY)		DATE
F0225		ot employ individuals who					
SS=D	_	guilty of abusing, neglecting,					
	•	dents by a court of law; or					
		entered into the State					
		/ concerning abuse, neglect,					
		sidents or misappropriation and report any knowledge it					
		a court of law against an					
		would indicate unfitness for					
		aide or other facility staff to					
		de registry or licensing					
	authorities.						
		nsure that all alleged					
		g mistreatment, neglect, or					
		njuries of unknown source					
		ion of resident property are					
	•	ely to the administrator of other officials in accordance					
		ough established procedures					
		tate survey and certification					
	agency).	tate darvey and derimediter					
	agee, /.						
	The facility must h	ave evidence that all					
		are thoroughly investigated,					
	and must prevent	further potential abuse while					
	the investigation is	s in progress.					
		nvestigations must be					
	•	ministrator or his designated					
	· ·	d to other officials in					
		State law (including to the					
	State survey and certification agency) within 5 working days of the incident, and if the alleged						
		lappropriate corrective					
	action must be tak						
		review and interview the	FO	225	F225 – It is the practice of	of	07/19/2011
		ensure missing resident			this facility to ensure all		3,,13,2011
	_	horoughly investigated			alleged violations involving	ng	
		nt reviewed with missing			mistreatment, neglect, or	-	
		sample of 6. (Resident			abuse, including injuries	of	
	medications in a	sumple of o. (Resident					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (IDENTIFICATION NUMBER: 155697		A. BUI	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE S COMPL 07/07/2	ETED
NAME OF I	PROVIDER OR SUPPLIE	 R	p. wii.	STREET A	ADDRESS, CITY, STATE, ZIP CODE		
CLARK F	REHABILITATION A	AND SKILLED NURSING CENTER	२	1	ITTLE LEAGUE BLVD SVILLE, IN47129		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	NCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION)	+	TAG	DEFICIENCY)		DATE
	B)				unknown source and misappropriation of res	ident	
	Findings include:				property are reported	ideiit	
					immediately to the		
	On 7/5/11 at 10:	55 a.m., the interim DNS			administrator of the faci	lity	
		rsing Services)#1 provided			and to other officials in		
	l '	ed to the Indiana State			accordance with State Is	aw	
		Health since May 27,			through established		
	1 ^	cidents reviewed was the			procedures. The facility must have evidence tha		
		sident d/c'd (discharged)			alleged violations are	t all	
	to home. Meds discovered and given to [named DNS #1] and put in DNS deskSummary of investigation: Missing				thoroughly investigated		
					and must prevent further	-	
					potential abuse while th		
	Narcs unable to	substantiate if company			investigation is in proce	ess.	
	property stolen.	Statements from DNS			The following is the faci	lity	
	#1, housekeeper	#1 obtained.			plan of action for		
	Housekeeper #1	last seen in drawer of			submission and a reque	est	
	DNS office and	was not authorized for			for desk review.		
	this. Housekeep	per #1 was searched no					
	findings. Drug	Test Administered and			What corrective measur	es	
	1 -	compliant so far with			were taken for the resid		
		wever interviews still			affected by the alleged		
	1	l." signed by the			deficient practice?		
	Executive Direc	tor 6/29/11."			· Resident is no long	ger in	
		. 1 . 13.1 // 1			facility.	a a 4 a cl	
		ent by RN #1 dated			 Resident was cont and had no concerns. 	acted	
		d the following: "Around			· MD notified.		
		28/11 I was in the DON			· Police report was		
		or the wound binder. I			made.		
	1 -	hand bottom drawer and			Random drug tests		
	1	unt of narcotics. I shut seeing them. I did not			submitted and awaiting fi		
		after seeing them. DNS			results for employees wh were last seen in area wh		
		I told her what I saw. We			missing medications were		
	#1 Came in and	i wid her what I saw. We			missing medications were	-	

	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			ULTIPLE CO	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPLETED	
		155697	B. WIN	G		07/07/2011	
NAME OF F	PROVIDER OR SUPPLIER		-	STREET A	ADDRESS, CITY, STATE, ZIP CODE		
TWINE OF T	KO VIDEK OK SOI I EIEK			517 N L	ITTLE LEAGUE BLVD		
CLARK F	REHABILITATION A	ND SKILLED NURSING CENTER		CLARK	SVILLE, IN47129		
(X4) ID	SUMMARY S'	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	ļ	TAG	DEFICIENCY)	DATE	
	then verified and	destroyed the narcotics			stored.		
	that were there. I found a few count				Initial and five day		
	sheets on the floo	or and that's when we			report was made to the IS	DH.	
	discovered there	were missing narcotics.					
	When I first arriv	ved [named] housekeeper			How other residents hav	·	
	#1 was in here va	acuming (sic). He left			the potential to be affect	ea	
	when I came in.	Later I went to the nurses			by the same deficient	.	
	station and looke	d though (sic) a chart,			practice will be identified and what corrective	'	
	and when I came	• , ,			action(s) will be taken?		
					• Medication Carts ha	ad l	
	housekeeper #1 was in here again going though (sic) the drawers saying he was looking for white out. I jokingly (sic) said				been audited for discontin		
					narcotic medications and		
	-	· ·			destroyed per facility proto	ocol	
		o doing in here every			on 7/12/11.		
		he said it is the best place			· Nursing staff was		
	to hide in the bui	lding."			interviewed by DNS or Nu	rse	
					consultant on or before		
		erview with DNS #1 at			7/12/11 with no further		
	•	dicated the incident was			knowledge of missing		
	_	e state agency nor were			narcotics.		
	•	e indicated the drawer,					
	where the medica	ations were placed was			What measures will be p		
	not locked and th	ere were a ton of meds in			into place or what syster	nic	
	the drawer. She	and another nurse			changes will be made to		
	destroyed the me	dications. The			ensure that the deficient		
	Oxycodone were				practice does not recur?		
		C			· Nursing staff was		
	The clinical reco	rd for Resident B was			educated on 7/8/11 throug 7/19/11regarding Policy a	· I	
		11 at 8:40 a.m. The			Procedure for Discontinue	I	
		ses included but were not			Drugs completed by	·	
	limited to anxiety				DNS/Designee.		
	_	Signed physician			· All staff will be		
	_	1/11 included, but was not			inserviced by ED/Departm	nent	
		· ·			Manager on Abuse Policy		
		codone (for pain) 10 mg			Procedure by 7/19/11.		
	(milligram) po (b	y mouth) q. (every) 8					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	A. BUILDING 00		COMPLETED	
		155697	B. WIN			07/07/2011	
				STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIER			517 N L	ITTLE LEAGUE BLVD		
CLARK F	REHABILITATION AN	ND SKILLED NURSING CENTER		CLARK	SVILLE, IN47129		
(X4) ID	CLIMMA DV C	TATEMENT OF DEFICIENCIES	_	ID	· -	(X5)	
PREFIX		CY MUST BE PERCEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	COMPLETION	
TAG	,	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	DATE	
	hours routine for		 		· All investigations of		
	nours routine for	paiii.			allegations of		
	771 : 1 ·	1: 1 1 (/20/11			misappropriations of resid	ent	
		discharged on 6/20/11.			property including missing		
	The Medication (narcotics will be reported		
		cations delivered on			within 24 hours to the ISD	н	
		180 Oxycodone 5mg			and police report will be m	l l	
	tablets were dispo	ensed to the facility. Of			when applicable.		
	the 180 sent 152	were remaining on			· All investigations wi	ll be	
	6/20/11. Twenty	-eight tablets were			thoroughly investigated by		
	_	en 6/16/11 at 0600 (6			ED/DNS or designee in pla	ace	
	a.m.) through 2 p.m. on 6/20/11.				of absence within 5 workir	ngs	
					days of the incident.		
	On 7/5/11 of 1:4	5 n m. Cornorata Nurga					
		5 p.m., Corporate Nurse			How the corrective action	n(s)	
	-	acility policy and			will be monitored to ensu	ıre	
	•	scontinued Drugs which			the deficient practice will	ı	
	included, but wer				not recur, i.e what quality	,	
	•	sure all discontinued			assurance program will b	oe	
	medications a re	disposed of according to			put into place?		
	federal and state	regulations. Procedures:			 Medications carts w 	rill	
	16.01 Controlle	d scheduled II - V			be audited weekly for four		
	medications cann	ot be returned to the			weeks, then monthly for 3		
	pharmacy, they n	nust be destroyed at in			months then quarterly		
		ding to the facility's			thereafter by DNS/designe	ee	
	medication destru	•			and data collected will be		
	procedure. 16.02				submitted to the CQI		
	Medications: Wl				committee for review and		
					follow up as needed. An	_	
		continued it must be			action plan will be develop		
	-	ned cart by the nurse and			as needed for issues ident	litied	
	-	facility, according to the			by the CQI process.		
	facility's establish	ned policy and			· Any unusual	ably	
	procedures"				occurrences will be thorou investigated and reported	1	
					ED/DNS or designee in a	oy	
	On 7/5/11 at 3:30	p.m., DNS #1 provided			timely manner from the res	sulte	
	the policy and pr	ocedure 17.0					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:				ONSTRUCTION 00	(X3) DATE COMPI	
111,12111111	or conduction	155697		LDING		07/07/2	
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIE	R		1	LITTLE LEAGUE BLVD		
CLARK F	REHABILITATION A	AND SKILLED NURSING CENTER	₹	1	SVILLE, IN47129		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	` `	NCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR	ATE	COMPLETION
TAG		R LSC IDENTIFYING INFORMATION)	+	TAG	DEFICIENCY)		DATE
		OF MEDICATIONS			of the medication cart au	dits.	
		DENT IS DISCHARGED:			· SSD/designee will	of	
	_	ablish a policy and			submit a summary repor findings will be submitted		
	1 ^	neets federal and state			though the monthly CQI	•	
		garding the disposal of			meetings and any		
		en a resident is discharged			substandard findings will	be	
	1	r. Procedure: Upon			addressed as necessary		
	1	e facility, the patient's			weekly for four weeks, th		
	1 .) Be released with the			monthly for 3 months the	n	
		eturned to the pharmacy			quarterly thereafter by		
	for credit, or (3) Be destroyed by two licensed nursing personnel" DNS #1				DNS/designee and data	-14-	
					collected will be submitted the CQI committee for re		
	also provided th	e CQI (Continuous			and follow up as needed		
	Quality Improve	ement) which included,			action plan will be develo		
	but was not limi	ted to: "Controlled			as needed for issues ide	-	
	substances are s	tored appropriately and			by the CQI process.		
	double locked						
	On 7/5/11 at 9:3	30 a.m., DNS #1 provided			By what date the syster	nic	
	the ABUSE PRO	OHIBITION,			changes will be comple	ted?	
	REPORTING, A	AND INVESTIGATION			· 7/19/11		
		PROCEDURE DATED					
	(FEBRUARY 2	010) " #16 The Executive					
	,	Director of Nursing is					
		oordinate all investigation					
		e an accurate and					
	1 -	n record of the incident					
	_	n, and to file up a written					
	_	liana State Department of					
	1 -	ve (5) working days."					
	On 7/7/11 at 4:5	5 n m DNC #1 was					
		5 p.m., DNS #1 was					
		olice were notified of the					
	missing narcotic	es and she responded					

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CC	(X3) DATE SURVEY COMPLETED		
		155697	A. BUILDING B. WING	00	07/07/2011
	PROVIDER OR SUPPLIER	ND SKILLED NURSING CENTER	517 N L	ADDRESS, CITY, STATE, ZIP CODE LITTLE LEAGUE BLVD SVILLE, IN47129	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE
F0226 SS=D	The facility failed systemic plan of recurrence. 3.1-28(d) The facility must dwritten policies and mistreatment, neg and misappropriat Based on record facility failed to dollowed related missing medication reviewed related in a sample of 9. Findings include On 7/5/11 at 10:5 (Director of Nursincidents reported Department of H 2011. Of the incomposition of the composition of the composit	evelop and implement d procedures that prohibit lect, and abuse of residents ion of resident property. review and interview, the ensure its policy was to investigation of ons for 1 of 1 resident to missing medications (Resident B) : 55 a.m., the interim DNS sing Services)#1 provided d to the Indiana State ealth since May 27, idents reviewed was the ident d/c'd (discharged) discovered and given to	F0226	F226 –It is the intent of the facility to develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of residents and misappropriation of residents and misappropriation of residents and submission and a request for desk review. What corrective measures were taken for the resident affected by the alleged deficient practice? Resident is no longer facility. Resident was contained and had no concerns. MD notified.	dent is for st es

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE S	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	DING	00	COMPL	ETED
		155697	B. WIN			07/07/2	011
		<u> </u>	F		ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
NAME OF	PROVIDER OR SUPPLIEI	₹		517 N L	ITTLE LEAGUE BLVD		
CLARK I	REHABILITATION A	ND SKILLED NURSING CENTER		CLARK	SVILLE, IN47129		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	 	TAG	DEFICIENCY)		DATE
	#1, housekeeper				Police report was		
	Housekeeper #1 last seen in drawer of				made.		
	DNS office and	was not authorized for			· Random drug tests		
	this. Housekeep	er #1 was searched no			submitted and awaiting fin results for employees who		
	findings. Drug	Test Administered and			were last seen in area who		
	awaiting results.	compliant so far with			missing medications were		
	investigation ho	wever interviews still			stored.		
	being conducted	." signed by the			· Initial and five day		
	Executive Direc				report was made to the IS	DH.	
					ED reviewed the Po		
	A signed statement by RN #1 dated 6/28/11 indicated the following: "Around 11:00 a.m. on 6/28/11 I was in the DON				and Procedure for Abuse	-	
					prohibition, investigation, a	and	
					reporting by the Director of	of	
		or the wound binder. I			Operations 7/14/11.		
	1	hand bottom drawer and				_	
	1 -	unt of narcotics. I shut			How other residents hav	-	
		seeing them. I did not			the potential to be affect	ed	
	1	_			by the same deficient		
	1	after seeing them. DNS			practice will be identified	1	
		told her what I saw. We			and what corrective		
		l destroyed the narcotics			action(s) will be taken? Medication Carts ha	nd	
		I found a few count			been audited for discontin		
		or and that's when we			narcotic medications and		
		were missing narcotics.			destroyed per facility proto	ocol	
		ved [named] housekeeper			on 7/12/11.		
	1	acuming (sic). He left			· Nursing staff was		
		Later I went to the nurses			interviewed by DNS or Nu	rse	
	station and look	ed though (sic) a chart,			consultant on or before		
	and when I came	e back in [named]			7/12/11 with no further		
	housekeeper #1	was in here again going			knowledge of missing		
	though (sic) the drawers saying he was looking for white out. I jokingly (sic) said				narcotics.		
					\ \mathred{\text{A}}		
	what do you kee	p doing in here every			What measures will be p		
	1	he said it is the best place			into place or what syster		
	to hide in the bu	-			changes will be made to		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X			(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPL	
		155697	B. WIN			07/07/2	011
NAME OF	DDOVIDED OD SLIDDI IEI			STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF	PROVIDER OR SUPPLIEF	C		517 N L	ITTLE LEAGUE BLVD		
		ND SKILLED NURSING CENTER	₹	CLARK	SVILLE, IN47129		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	ICY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	_	TAG	DEFICIENCY)		DATE
					ensure that the deficient		
	On 7/5/11, in int	erview with DNS #1 at			practice does not recur?		
	1:10 p.m., she in	dicated the incident was			Nursing staff was		
	not reported to the	ne state agency nor were			educated on 7/8/11 throug	•	
	police called. Sl	ne indicated the drawer,			7/19/11regarding Policy a		
	1 ^	ations were placed was			Procedure for Discontinue	ed	
		here were a ton of meds in			Drugs completed by		
		and another nurse			DNS/Designee.		
					ED reviewed the Po	olicy	
	destroyed the me				and Procedure for Abuse		
	Oxycodone were missing. The clinical record for Resident B was				prohibition, investigation,		
					reporting by the Director of	DΤ	
					Operations on 7/14/11 to		
	reviewed on 7/6/	11 at 8:40 a.m. The			ensure for compliance.		
	resident's diagno	ses included but were not			· All staff will be	1	
	1	y and status post			inserviced by ED/Departm		
	1	Signed physician			Manager on Abuse Policy	and	
	_	0/11 included, but was not			Procedure by 7/19/11.		
		•			· All investigations of		
	1	vcodone (for pain) 10 mg			allegations of misappropriations of resid	ont	
		by mouth) q. (every) 8			property including missing		
	hours for pain."				narcotics will be reported	ı	
					within 24 hours to the ISD	ш	
	The resident was	s discharged on 6/20/11.			and police report will be m		
	The Medication	Count Sheet for			when applicable.	iddo	
	Controlled Medi	cations delivered on			· All investigations wi	ill he	
	6/14/11 indicated	d 180 Oxycodone tablets			thoroughly investigated by		
		to the facility. Of the 180			ED/DNS or designee in pl		
	_	maining on 6/20/11.			of absence within 5 working		
	Some 132 Welle le				days of the incident.	.5-	
	On 7/5/11 of 1.4	5 n m Carnavata Nama					
		5 p.m., Corporate Nurse			How the corrective actio	n(s)	
	_	facility policy and			will be monitored to ensu		
	1 ^	scontinued Drugs which			the deficient practice wil		
	1 ′	re not limited to:			not recur, i.e what quality		
	Purpose: To en	sure all discontinued			assurance program will l		
	medications a re	disposed of according to			assurance program will		

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	, DIIII	DDIC	00	COMPL	ETED
		155697	A. BUIL			07/07/2	011
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
NAME OF P	ROVIDER OR SUPPLIER						
		ND OKU LED NU DOING OFNITED		l	ITTLE LEAGUE BLVD		
CLARK F	KEHABILITATION A	ND SKILLED NURSING CENTER		CLARK	SVILLE, IN47129		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	federal and state	regulations. Procedures:	Ī		put into place?		
		d scheduled II - V			 Medications carts w 	/ill	
		not be returned to the			be audited weekly for four		
					weeks, then monthly for 3		
		must be destroyed at in			months then quarterly		
	-	ding to the facility's			thereafter by DNS/designe	ee	
	medication destr	uction policy and			and data collected will be		
	procedure. 16.02	2 Controlled			submitted to the CQI		
	Medications: W	hen a controlled			committee for review and		
	medication is dis	continued it must be			follow up as needed. An		
		ned cart by the nurse and			action plan will be develor	ed	
	*	3			as needed for issues iden		
	destroyed in the facility, according to the				by the CQI process.	unou	
	facility's establish	hed policy and			· Any unusual		
	procedures"				occurrences will be thorou	ıahlv	
					investigated and reported		
	On 7/5/11 at 3:30	p.m., DNS #1 provided			ED/DNS or designee in a	У	
	the policy and pr	ocedure 17.0			timely manner from the re	eulte	
		OF MEDICATIONS			of the medication cart aud		
		DENT IS DISCHARGED:			· The director of	ito.	
					operations will be notified	and	
	-	blish a policy and			review any unusual	and	
	•	eets federal and state			occurrences that is		
	requirements reg	arding the disposal of			investigated and reported	by	
	medications whe	n a resident is discharged			ED/DNS to ensure for	IJy	
	from the facility.	Procedure: Upon					
	_	facility, the patient's			compliance. SSD/designee will		
	_	Be released with the			_	of	
		turned to the pharmacy			submit a summary report	OI	
		1 3			findings will be submitted		
		Be destroyed by two			though the monthly CQI		
	_	personnel" DNS #1			meetings and any	h.a.	
	also provided the	e CQI (Continuous			substandard findings will be	JE	
	Quality Improvement) which included,				addressed as necessary	\ \	
	but was not limit	ed to: "Controlled			weekly for four weeks, the		
		ored appropriately and			monthly for 3 months then	1	
	double locked	and appropriately und			quarterly thereafter by		
	double focked				DNS/designee and data		
			1				I

000059

l li		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) I		(X3) DATE	(3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING 00		00	COMPLETED		
155697		B. WING			07/07/2	011		
NAME OF I	DROVIDED OD SLIDDI IED			STREET A	DDRESS, CITY, STATE, ZIP CODE			
NAME OF PROVIDER OR SUPPLIER			517 N LITTLE LEAGUE BLVD					
		ND SKILLED NURSING CENTER			SVILLE, IN47129			
(X4) ID		STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5)	
PREFIX TAG	`	ICY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG				COMPLETION DATE	
IAG		· · · · · · · · · · · · · · · · · · ·	1	IAG	collected will be submitted	Lto	DATE	
		0 a.m., DNS #1 provided		the CQI committee for review and follow up as needed. An				
	the ABUSE PRO	*						
	· ·	ND INVESTIGATION			action plan will be develop			
		ROCEDURE DATED			as needed for issues identified			
	`	010) " #16 The Executive			by the CQI process.			
		Director of Nursing is						
	•	ordinate all investigation						
	processes, assure				By what date the system			
	*	record of the incident			changes will be complete	ed?		
	_	n, and to file up a written			· 7/19/11			
	•	ana State Department of						
	Health within five (5) working days."							
	This deficiency was cited on , 5/13/11.							
	The facility failed to implement a systemic plan of correction to prevent recurrence.							
	3.1-28(a)							
F0282	The services provi	ided or arranged by the		İ				
SS=D		ovided by qualified persons						
		n each resident's written						
	plan of care.	ord review and interview	F028	,	F282 It is the intent of this		07/10/2011	
			F028	54	facility to ensure that the pl	an	07/19/2011	
	,	to ensure the resident			of care is followed to chang			
	pian of care was	followed to change the			site of a PICC line per			

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 00 A. BUILDING 155697 07/07/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 517 N LITTLE LEAGUE BLVD CLARK REHABILITATION AND SKILLED NURSING CENTER CLARKSVILLE, IN47129 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE dressing site of the PICC (Peripherally physician orders, blood pressures per physician order Inserted Central Catheter) line were and physician orders are completed for 1 of 2 residents reviewed followed for skin treatment. The with a PICC line in a sample of 9. following is our plan of (Resident C) correction for the citations and the facility is requesting a desk review. B. Based on record review and interview, What corrective action(s) the facility failed to follow a physician's will be accomplished for order for blood pressure monitoring for 1 those residents found to of 1 resident reviewed in a sample of 9 have been affected by the for blood pressure monitoring. (Resident deficient practice? C) Resident C: PICC line dressing was changed the following day, Nurse that missed C. Based on observation, record review treatment was educated and and interview the facility failed to ensure counseled. MD notified new physician orders were followed for skin order received treatment no treatment for 1 of 3 residents reviewed longer necessary and PICC line discontinued. with skin issues in a sample of 6. Resident C: MD notified (Resident G). and new order received to discontinue daily blood pressures Findings include: as no longer necessary. Resident G: Skin was cleansed and appropriate A. On July 6, 2011 at 11:10 a.m., in treatment was applied as MD interview with Resident C, she indicated ordered. her dressing was to be changed Friday, How other residents having July 2. She indicated she asked the nurse, the potential to be affected who indicated she'd be back, but did not by the same deficient return. Last night, July 5 th, she indicated practice will be identified and what corrective RN #1 changed the dressing. action(s) will be taken? 100% audit of all The clinical record for Resident C was resident's with PICC line, Bp reviewed on 7/5/11 at 9:55 a.m. The monitoring orders and skin resident's diagnoses included, but were treatments completed with no not limited to MRSA (Methicillin

DHM212

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 00 A. BUILDING 155697 07/07/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 517 N LITTLE LEAGUE BLVD CLARK REHABILITATION AND SKILLED NURSING CENTER CLARKSVILLE, IN47129 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE Resistant Staphylococcus Aureus), Acute other resident's identified. Embolism (blood clot) and diabetes What measures will be put mellitus. The resident returned from the into place or what systemic hospital on 6/24/11 with a PICC Line. changes will be made to The Medication Record dated 6/24/11 ensure that the deficient through 6/30/11 which included, but was practice does not recur? not limited to PICC/MIDLINE "Change Nurses were educated dressing 24 hours after insertion then by DNS/designee on 7/8/11 through 7/19/11 regarding every 7 days using Transparent Dressing... following MD orders to include All orders have been verbally verified but not limited to PICC line with Prescriber and initialed by the nurse. dressing changes, Blood "Documentation was lacking of a change pressure monitoring and skin on 6/25/11 and July 2. treatments. MARs/TARS will be The July 2011 Medication Administration auditing weekly x 4 then Record indicated a dressing change was monthly x 3 by DNS/designee for PICC line dressing due on July 4, and initialed as done on changes, Blood pressure July 5, 2011. monitoring and skin treatments to ensure MD On 7/6/11 at 11:40 a.m., RN #2 provided orders are followed. the policy and procedure for Peripherally DNS/designee will inserted central catheter (PICC LINE) observe a minimum of 2 post-insertion catheter maintenance nurses weekly until all nurses Policies: 1. Dressings are to be changed have completed a validation of every week* using sterile technique (see treatment completed per MD order. All new nurses will be procedure for Central Line Dressing validated during his/her Change)..." orientation on the expectations of following MD B. The clinical record for Resident C orders. was reviewed on 7/5/11 at 9:55 a.m. The Audits will be reviewed resident's diagnoses included, but were by DNS/designee to ensure not limited to MRSA (Methicillin for compliance; failure to Resistant Staphylococcus Aureus) an comply and a progressive disciplinary action with nurses infection in the blood, Acute Embolism

Facility ID:

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CL		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NUMBER:	A DIMEDING		00	COMPL	LETED
155697		A. BUILDING 07/07/2			:011		
			B. WIN		ADDRESS STEV STATE STR SORE		
NAME OF F	PROVIDER OR SUPPLIER	:			ADDRESS, CITY, STATE, ZIP CODE		
				1	ITTLE LEAGUE BLVD		
CLARK F	REHABILITATION A	ND SKILLED NURSING CENTER		CLARK	SVILLE, IN47129		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG DEFICIENCY)			DATE
	(blood clot) and	diabetes mellitus. The			as applicable.		
	May 2011 signed	l Physician Orders					
	included, but we	re not limited to Check			How the corrective action(s) will be monitored to ensure the deficient practice will		
	BP (blood pressu	re) Q (every) day. Notify					
	MD if BP above	160/90.					
					not recur, i.e what qualit	у	
	Review of the Ju	ne 2011 Medication			assurance program will be		
	Record included	, but was not limited to			put into place?		
		essure once daily notify			DNS/Designee to review 24 hour report and orders in am meeting daily, Mon-Fri excluding		
	•	ssure < (sic) 160/90 for 3					
	•						
		lood pressures were not		weekends and holidays a week for residents to include but not			
taken and recorded on June 1, 2, 3, 4, 5, 6, 7, 8, 10, 12, 13, 18, 19, 20. In interview with the Medical Records Director on 7/5/11 at 12:10 p.m., she found blood pressure measurements for 6/2/11 124/80				limited to PICC lines, Blood			
				pressure monitoring and ski	n		
				treatments.	1		
		.m., she found blood			· DNS/Designee will au	dit	
					treatment and/or medication		
	8 p.m., 6/9/11 122/82 9 p.m., 6/11/11 120/71 3 a.m., 6/14/11 102/75 5:30 p.m. Blood pressures which were taken were				record to assure orders to in		
					but not limited to PICC dress	sings,	
					blood pressures and skin		
					treatments are completed as	3	
	not greater than 160/90 as per the MD order.				ordered.		
					· All audits will be revie	wed	
					by IDT daily in AM meeting		
				Mon-Fri excluding weekends			
				holidays to ensure completic			
				· Monitoring will be wee			
				times one month, then mont			
				for 6 months and data colle will be submitted to the C			
					الح		
					committee for review and		
					follow up as needed. An		1
					action plan will be develor		1
					as needed for issues iden	tified	
					by the CQI process.		
					By what date the systen		
				changes will be complet	ed?		
					· July 19, 2011		1

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 00 A. BUILDING 155697 07/07/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 517 N LITTLE LEAGUE BLVD CLARK REHABILITATION AND SKILLED NURSING CENTER CLARKSVILLE, IN47129 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE C. On 07/06/11 between 4:05 p.m. 4:34 F0282 F282 It is the intent of this 07/19/2011 facility to ensure that the plan p.m. care was observed for resident G. of care is followed to change Certified Nursing Assistants #1, and #2 site of a PICC line per entered the resident's room to provide peri physician orders, blood care. The resident's peri area, buttocks, pressures per physician order groin and inner thighs was observed be and physician orders are followed for skin treatment. The coated with a white pasty substance. following is our plan of CNA #1, wet wash cloths with warm correction for the citations and water and sprayed a no rinse cleanser on the facility is requesting a desk the cloth to cleanse the resident. Each review. time the CNA wiped the resident the What corrective action(s) resident cried out "that hurts." There will be accomplished for those residents found to was nothing in place to prevent skin on have been affected by the skin as the resident's abdomen was large deficient practice? and had to be lifted up to cleanse the groin Resident C: PICC line area. dressing was changed the following day, Nurse that missed Licensed Practical Nurse (LPN) #/1, treatment was educated and counseled. MD notified new entered the room at 4:16; p.m., with a order received treatment no tube of Desitin (a white ointment used to longer necessary and PICC line heal/protect skin) in a plastic bag. He discontinued. placed the Desitin on the over the bed Resident C: MD notified and new order received to table. CNA #1, was cleansing the discontinue daily blood pressures resident's groin area at this time. When as no longer necessary. queried if the resident needed something Resident G: Skin was to prevent skin on skin LPN #1 replied "I cleansed and appropriate treatment was applied as MD think she needs to get out of bed and get a ordered. shower every day." The LPN then picked How other residents having up the tube of Desitin and left the room. the potential to be affected by the same deficient At 4:25 the LPN returned with a tube of practice will be identified Xenaderm and placed it on the over the and what corrective bed table. The resident continued to action(s) will be taken? complain of burning pain while the CNA 100% audit of all

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

DHM212

000059

Facility ID:

If continuation sheet

Page 16 of 19

STATEMENT OF DEFICIENCIES XI) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155697		(X2) MULTIPLE CONSTRUCTION A DULL DIVIC			(X3) DATE SURVEY COMPLETED		
		155697	A. BUII B. WIN			07/07/2011	
				_	DDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER				1	ITTLE LEAGUE BLVD		
CLARK F	REHABILITATION A	ND SKILLED NURSING CENTER		1	SVILLE, IN47129		
(X4) ID		STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF CORRECTION			(X5)
PREFIX	`	ICY MUST BE PERCEDED BY FULL		PREFIX	CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	+	TAG	DEFICIENCY)		DATE
	1	e skin. The LPN told the			resident's with PICC line,		
	resident "just do	ing our job; work with us		monitoring orders and skin treatments completed with no			
	on this you can o	lo it."					
					other resident's identified.		
	The LPN applied	d Xenaderm to the			What measures will be p	ut	
	resident's excoria	ated areas. When CNA			into place or what systemic		
	#1 finished clear	nsing the white substance			changes will be made to		
		t,, the LPN was queried,			ensure that the deficient		
		**			practice does not recur?	I	
	at this time, if the treatment was for Xenaderm or Desitin The reply was Xenaderm as the Desitin was for areas under the resident's breast. LPN #1				Nurses were educate		
					by DNS/designee on 7/8/1	11	
					through 7/19/11 regarding		
					following MD orders to inc	lude	
	indicated the white substance appeared to be Desitin.				but not limited to PICC line	e	
					dressing changes, Blood		
					pressure monitoring and s	kin	
		sident's clinical record on			treatments.		
	07/07/11 at 8:20	a.m. indicated the			MARs/TARS will be		
	resident had diagnoses including but not limited to: morbid obesity, hypertension, diabetes, congestive heart failure. A telephone order dated 07/01/11 at 2:00 p.m., indicated the following: 1. D/C (discontinue) Silvadene to buttocks q (every) shift. 2. Cleanse buttocks with NS (normal saline), pat dry and apply Xenaderm to buttocks q shift r/t (related to redness. LPN #1 failed to cleanse the skin with normal saline prior to applying the Xenaderm after CNA #1 cleansed the				auditing weekly x 4 then		
					monthly x 3 by DNS/desig	nee	
					for PICC line dressing		
					changes, Blood pressure		
					monitoring and skin treatments to ensure MD		
					orders are followed.		
					DNS/designee will		
					observe a minimum of 2		
					nurses weekly until all nur	ses	
					have completed a validation		
					treatment completed per M		
					order. All new nurses will		
					validated during his/her		
					orientation on the		
					expectations of following I	MD	
					orders.		
	white pasty subs	tance from the resident.			Audits will be reviewed	ed	
			1		by DNS/designee to ensure	re l	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER CLARK REHABILITATION AND SKILLED NURSING CENTER STREET ADDRESS, CITY, STATE, ZIPCODE STATE LITTLE LEAGUE BLVD CLARKSVILLE, IN47129 CLARKSVILLE, IN47129 SLAMMARY STATEMENT OF DEPICINALIS (REGILATORY OR LSC IDENTIFYING SHORMATION) This deficiency was cited on 6/7/11, S/13/11, and 4/29/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-35(g)(2) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place? DNS/Designee to review 24 hour report and orders in am meeting daily, Mon-Fri excluding weekends and holidays as week for residents to include but not limited to PICC lines, Blood pressure monitoring and skin treatments. DNS/Designee will audit treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completed. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified			(X2) MULTIPLE CO	NSTRUCTION	(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER CLARK REHABILITATION AND SKILLED NURSING CENTER TAG SIMMARY STATIMENT OF DIFFERENCES BY FULL REGULATORY OR ISC IDENTIFYING INFORMATION) This deficiency was cited on 67/11, 5/13/11, and 4/29/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-35(g)(2) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place? DNS/Designee to review 24 hour report and orders in an meeting daily, Mon-Fri excluding weekends and holidays to assure orders to include but not limited to PICC diressings, blood pressure and skin treatments. DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC diressings, blood pressure and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure conductive to the sure ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekely times one month, then monthily for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified			A. BUILDING		COMPLETED	
CLARK REHABILITATION AND SKILLED NURSING CENTER IX-1) ID PREFIX TAG SUMMARY STATEMENT OF DETICIENCIES (EACH DETICIENCY MUST BE PERCEDED BY PULL TAG TREGULATORY OR LSC IDESTIFYING INFORMATION) TAG SIMMARY STATEMENT OF DETICIENCIES (EACH DETICIENCY MUST BE PERCEDED BY PULL TAG REGULATORY OR LSC IDESTIFYING INFORMATION) TAG TAG THE deticiency was cited on 67/711, 5/13/11, and 4/29/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-35(g)(2) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place? Description of the properties of the put into place? Description of the properties of the put into place? Description of the prevent recurrence of the put into place? Description of the prevent recurrence of the put into place? Description of the put into place as a public disciplination of the put into place? Description of the put into place as a public disciplination of the put into place? Description of the put into place as a public disciplination of the put into place as a public disciplination of the public disciplina	155697				07/07/2011	
CLARK REHABILITATION AND SKILLED NURSING CENTER (X4) ID SUMMARY STATUMENT OF DEFICIENCIES (PACE DEFINED BY PREFIX TAG REGILATORY ON ELECTROPHIC DEFINED BY PREFIX TAG REGILATORY ON THE PREFIX TAG REGILATORY ON T	NAME OF D	DOMDED OD GUDDI IED		STREET A	ADDRESS, CITY, STATE, ZIP CODE	
SUMMARY STATEMENT OF DEFICIENCIES TAG PROPIDES PLAN OF CORRECTION DATE	NAME OF P	ROVIDER OR SUPPLIER		517 N L	ITTLE LEAGUE BLVD	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION This deficiency was cited on 6/7/11, 5/13/11, and 4/29/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-35(g)(2) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, le what quality assurance program will be put into place? DNS/Designee to review 24 hour report and orders in am meeting daily, Mon-Fri excluding weekends and holidays a week for residents to include but not limited to PICC lines, Blood pressure monitoring and skin treatments. DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the Coll committee for review and follow up as needed. An action plan will be developed as needed for issues identified					SVILLE, IN47129	
Tag REGULATORY OR LSC IDENTIFYING INFORMATION) This deficiency was cited on 6/7/11, 5/13/11, and 4/29/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-35(g)(2) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, I ew hat quality assurance program will be put into place? DisS/Designee to review 24 hour report and orders in am meeting daily, Mon-Fri excluding weekends and holidays a week for residents to include but not limited to PICC lines, Blood pressure monitoring and skin treatments. DisS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified						
This deficiency was cited on 6/7/11, 5/13/11, and 4/29/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-35(g)(2) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, Le what quality assurance program will be put into place? DNS/Designee to review 24 hour report and orders in am meeting daily, Mon-Fri excluding weekends and holidayek for residents to include but not limited to PICC lines, Blood pressure monitoring and skin treatments. DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the COI committee for review and follow up as needed. An action plan will be developed as needed for issues identified		`			CROSS-REFERENCED TO THE APPROPRIA	TE
5/13/11, and 4/29/11. The facility failed to implement a systemic plan of correction to prevent recurrence. 3.1-35(g)(2) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place? DNS/Designee to review 24 hour report and orders in am meeting daily, Mori excluding weekends and holidays a week for residents to include but not limited to PICC lines, Blood pressure monitoring and skin treatments. DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion.	IAG		,	IAG		DATE
to implement a systemic plan of correction to prevent recurrence. 3.1-35(g)(2) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place? DNS/Designee to review 24 hour report and orders in am meeting daily, Mon-Fri excluding weekends and holidays a week for residents to include but not limited to PICC lines, Blood pressure monitoring and skin treatments. DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified		_	· · · · · · · · · · · · · · · · · · ·		•	
as applicable. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place? DNS/Designee to review 24 hour report and orders in am meeting daily, Mon-Fri excluding weekends and holidays a week for residents include but not limited to PICC lines, Blood pressure monitoring and skin treatments. DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified		· ·	•			
How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place? DNS/Designee to review 24 hour report and orders in am meeting daily, Mon-Fri excluding weekends and holidays a week for residents to include but not limited to PICC lines. Blood pressure monitoring and skin treatments. DNS/Designee will audit treatments. DNS/Designee will audit treatments. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be sure word as eneeded for issues identified			•			ises
will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place? DNS/Designee to review 24 hour report and orders in am meeting daily, Mon-Fri excluding weekends and holidays a week for residents to include but not limited to PICC lines, Blood pressure monitoring and skin treatments. DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified		correction to pre-	vent recurrence.		as applicable.	
will be monitored to ensure the deficient practice will not recur, i.e what quality assurance program will be put into place? DNS/Designee to review 24 hour report and orders in am meeting daily, Mon-Fri excluding weekends and holidays a week for residents to include but not limited to PICC lines, Blood pressure monitoring and skin treatments. DNS/Designee will audit treatments and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified		3.1-35(g)(2)			How the corrective actio	n(s)
not recur, i.e what quality assurance program will be put into place? DNS/Designee to review 24 hour report and orders in am meeting daily, Mon-Fri excluding weekends and holidays a week for residents to include but not limited to PICC lines, Blood pressure monitoring and skin treatments. DNS/Designee will audit treatments. DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified					will be monitored to ensu	ure
assurance program will be put into place? DNS/Designee to review 24 hour report and orders in am meeting daily, Mon-Fri excluding weekends and holidays a week for residents to include but not limited to PICC lines, Blood pressure monitoring and skin treatments. DNS/Designee will audit treatments. DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified					the deficient practice wil	Į I
put into place? DNS/Designee to review 24 hour report and orders in am meeting daily, Mon-Fri excluding weekends and holidays a week for residents to include but not limited to PICC lines, Blood pressure monitoring and skin treatments. DNS/Designee will audit treatments. DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified					not recur, i.e what quality	y
DNS/Designee to review 24 hour report and orders in am meeting daily, Mon-Fri excluding weekends and holidays a week for residents to include but not limited to PICC lines, Blood pressure monitoring and skin treatments. DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified					assurance program will I	be
24 hour report and orders in am meeting daily, Mon-Fri excluding weekends and holidays a week for residents to include but not limited to PICC lines, Blood pressure monitoring and skin treatments. DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified					put into place?	
meeting daily, Mon-Fri excluding weekends and holidays a week for residents to include but not limited to PICC lines, Blood pressure monitoring and skin treatments. DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified					_	• • • • • • • • • • • • • • • • • • •
weekends and holidays a week for residents to include but not limited to PICC lines, Blood pressure monitoring and skin treatments. DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified					= '	• • • • • • • • • • • • • • • • • • •
for residents to include but not limited to PICC lines, Blood pressure monitoring and skin treatments. DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified						
limited to PICC lines, Blood pressure monitoring and skin treatments. DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified					·-	I
pressure monitoring and skin treatments. DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified						
DNS/Designee will audit treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified					·	ı
treatment and/or medication record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified					treatments.	
record to assure orders to include but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified					_	I
but not limited to PICC dressings, blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified						I
blood pressures and skin treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified						• • • • • • • • • • • • • • • • • • •
treatments are completed as ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified						,go,
ordered. All audits will be reviewed by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified					•	,
by IDT daily in AM meeting Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified					-	
Mon-Fri excluding weekends and holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified						wed
holidays to ensure completion. Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified						
Monitoring will be weekly times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified						
times one month, then monthly for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified						I
for 6 months and data collected will be submitted to the CQI committee for review and follow up as needed. An action plan will be developed as needed for issues identified						
committee for review and follow up as needed. An action plan will be developed as needed for issues identified						
follow up as needed. An action plan will be developed as needed for issues identified					will be submitted to the Co	ן וב
action plan will be developed as needed for issues identified					committee for review and	
as needed for issues identified					follow up as needed. An	
					action plan will be develop	ped
ı ı l					as needed for issues iden	tified
by the CQI process.					by the CQI process.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/29/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MI	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING		00	COMPI	LETED
		II 155697				07/07/2011	
NAME OF PROVIDER OR SUPPLIER CLARK REHABILITATION AND SKILLED NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 517 N LITTLE LEAGUE BLVD CLARKSVILLE, IN47129				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PERCEDED BY FULL	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE COMPLETION DATE	COMPLETION
TAG	REGULATORY OF	LSC IDENTIFYING INFORMATION)			DEFICIENCY)		DATE
					By what date the system changes will be completed July 19, 2011		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

DHM212 Facility ID:

ity ID: 000059

If continuation sheet

Page 19 of 19